LARGE WATER SYSTEM 2014 ANNUAL REPORT TO THE DRINKING WATER PROGRAM FOR YEAR ENDING DECEMBER 31, 2014

[Section 116530 Health & Safety Code]

WATER SYSTEM INFORM	ATION
Water System No.:	
Water System Name:	
Water System Ownership (See descriptions below):	Pick one ▼
Physical location: (address line 1, address line 2, city, zip) Note: <u>NO</u> P.O. Box	
General Office Phone: (with area code)	
Web site address:	

- Local Government: e.g., city, county, or special district, local school district, junior colleges, county or community parks, etc.
- · State or Federal Government: e.g., state or national park, BLM, USFS and COE campgrounds and recreation facilities, state hospitals, State universities and colleges, California Veterans Home, County or District Fairs and Expositions, Caltrans rest stop, military base, other state or federal facility
- Privately owned, non-PUC-regulated (Community Water System): e.g., mobile home park, apartment or condominium
- Privately owned business (non-community): e.g., church, private school, restaurant, amusement park, RV park/campground, motel, ranch/farm, factory, other business establishment

REPORT SUBMITTED BY:	
Name:	
Title:	
Business phone:	
Cell phone:	
Email address:	

COMMENTS: 2		

1. Public Water System Contacts 3

Click here to learn how to Modify, Add and Delete Contacts in the table below.

IMPORTANT: Each water system must have one and only one Administrative Contact AND one and only one Financial Contact. The same person may be both the Administrative and Financial Contacts.

Please provide an email address for the Administrative Contact as most email communication, particularly email blasts, from the Division of Drinking Water will be sent to the email address of the Administrative Contact.

NAME, TITLE & ADDRESS	PHONE TYPE	PHONE NO.	EMAIL	CONTACT TYPE (pick all that apply)		
	Business			** Delete Contact ** Administrative	Operator	
	Facsimile			Financial	Emergency	
	Mobile			Designated Operator In Charge	Water Quality	

Emergency	Owner	Legal
	Funding	Contract Operator
Business	** Delete Contact ** Administrative	Operator
Facsimile	Financial	Emergency
Mobile	Designated Operator In Charge	Water Quality
Emergency	Owner	Legal
	Funding	Contract Operator
<u>_</u>		
Business	** Delete Contact ** Administrative	Operator
Facsimile	Financial	Emergency
Mobile	Designated Operator In Charge	Water Quality
Emergency	Owner	Legal
	Funding	Contract Operator
Business	** Delete Contact ** Administrative	Operator
Facsimile	Financial	Emergency
Mobile	Designated Operator In Charge	Water Quality
Emergency	Owner	Legal
	☐ Funding	Contract Operator
Business	** Delete Contact ** Administrative	Operator
Facsimile	Financial	Emergency
Mobile	Designated Operator In Charge	Water Quality
Emergency	Owner	Legal
	Funding	Contract Operator
Business	** Delete Contact ** Administrative	Operator
Facsimile	Financial	Emergency
Mobile	Designated Operator In Charge	Water Quality
Emergency	Owner	Legal
	Funding	Contract Operator
Business	** Delete Contact ** Administrative	Operator
Facsimile	Financial	Emergency
 Mobile	Designated Operator In Charge	Water Quality
 Emergency	Owner	Legal

#* Delete Contact ** Administrative
Designated Operator In Charge Owner Legal Funding (pick all that apply) Administrative Operator Financial Emergency Designated Operator In Charge Owner Legal Funding Contract Operator Financial Emergency Operator In Charge Owner Legal Funding Contract Operator Financial Emergency Designated Operator In Charge Owner Legal Funding Contract Operator Financial Emergency Owner Legal Funding Contract Operator Financial Emergency Operator Financial Emergency Designated Operator Financial Emergency Designated Operator Financial Emergency Designated Operator Designated O
Operator In Charge Owner Legal Funding
Funding
(pick all that apply) Administrative Operator Financial Emergency Designated Operator In Charge Owner Legal Funding Contract Ope (pick all that apply) Administrative Operator Financial Emergency Designated Operator In Charge Owner Legal Funding Contract Operator Financial Emergency Operator In Charge Owner Legal Funding Contract Operator (pick all that apply) Administrative Operator Financial Emergency Designated Operator In Charge Operator In Charge Emergency Operator In Charge
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Administrative Operator Financial Emergency Designated
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Designated Water Quality
Designated Operator In Charge
- Farmer w Country
Owner
Funding Contract Ope
(pick all that apply)
Administrative Operator
Financial Emergency
Designated Operator In Charge Water Qualit
Owner
Funding Contract Ope

permanent population is l	oased on "Other", iden	tify the method	s or sources of how i	t was estim	ated::	
as a mal Mawimum D	tion (If applicable):			T		
asonal Maximum Popula	tion (II applicable):					
ride season 🕜 : Begin I	Date		End I)ate		
MM	DD		MM		DD	
at the names of communi	ties served by the syste	m identifying b	oth incorporated and	unincorpoi	rated areas:	
OMMENTS: ②						
HIMDED OF CEDA	CE CONNECTION	NG CD	1 21 2014)			
UMBER OF SERVI		NS(as of Decei	nber 31, 2014)			
ctive Service Connection	ns:					
tal Active Potable Water	Connections currently	in Division of	Drinking Water datal	oase:		
total number of Service e as appropriate.	e Connections as of Do	ecember 31, 20	014 must be reporte	d as either	<u>Unmetered</u> or <u> </u>	Metered t
		Pota	ible Water	F	Recycled Water	
'DE						

onnection

	Pota	able Water		Recycled Water		
TYPE Do NOT report fire sprinkler connections and fire hydrants. These connections are not counted toward "service connections" for compliance purposes.	Unmetered	Metered	Total*	Unmetered	Metered	Total*
Single-family Residential: single family detached dwellings						
Multi-family Residential: duplexes, town homes, condominiums, apartments, and trailer parks						
Commercial/Institutional: hotels, schools, prisons, hospitals, nursing homes, dormitories, laundries, retail establishments (malls, shopping centers, retail stores, service shops, restaurants), office buildings, gas stations, and other service connections that do not meet any of the connection type definitions						
Industrial: industrial parks, manufacturing, warehouses, utilities, assemblers						

Landscape Irrigation: Play fields, golf courses, roadways, median strips, cemeteries, parks and other dedicated landscape connections			
Agricultural Irrigation: irrigation of commercially-grown crops and other dedicated agricultural connections			
Total Active Connections*			

40	7 - 1	1	late	1	c: -	1.1

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R	Number	of Ina	ctive (Connections	(911	tynec)
ъ.	Number	OI IIIa	CHVE C	JOHNECHOUS	s tan	LVDESI

Include only service connections that have been physically disconnected (i.e., meter removed) from the water system. All other service connections should be considered as "Active."

COMMENTS:)
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4. GROUNDWATER (GW) AND SURFACE WATER (SW) SOURCES

Туре	Total No. Approved (by permit)	Total No. New/ Added in 2014	Total No. Inactivated in 2014	Total No. Destroyed in 2014
Active Groundwater Intakes (Wells)				
Active Surface Water Intakes (Raw)				
Active Purchased Water (GW) Connections				
Active Purchased Water (SW) Connections				
Standby Sources ¹ ②				
Emergency Interconnections				
Inactive Sources ²				

¹If a standby source ② was used in 2014, provide the following information.

Name of the Standby Source used in 2014:	No. of days the Standby Source was in operation:	Were customers notified? (Y/N)	Was the Division of Drinking Water notified? (Y/N)	Describe the reason the Standby Source was used:

²Inactive sources are not approved as sources of supply and must be physically disconnected or otherwise isolated so that only an intentional act by an operator can place the source in service.

COM	MEN	тс.(?)

5. WATER PRODUCED, PURCHASED AND SOLD

The <u>Maximum Day</u> is the day during 2014 with the highest total water usage. Provide the *date* for that day in Column B, then complete Columns C, D and E, indicating how much of the water on that day was from each source.

The <u>Maximum Month</u> is the month during 2014 with the highest total water usage. Provide the *month* in Column B, then complete Columns C, D and E, indicating how much of the water during that month was from each source.

Units of Measure for th	is table:	Pick one	•
Volumes are based on:	Pick or	ne	

A	В	С	D	E	F	G	Н	I
	Potable Water							
	Date/ Month	Water Produced from Groundwater (Wells)	Water Produced from Surface Water ²	Finished Water Purchased or Received from another PWS ⁵	Total Amount of Potable Water ^{3*}	Water Sold to Another PWS ⁵	Non- potable (exclude recycled)	Recycled
Maximum Day ¹								
Maximum Month								
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
Annual Tota	al*							
Percent Tre	ated ⁴							

 $PWS = Public\ Water\ System$

*Calculated field

Non-potable = water supplies, except recycled water, that do not enter the drinking water distribution system and are for non-potable uses only such as irrigation

Recycled = domestic wastewater which as a result of treatment is suitable for uses other than potable use such as irrigation or toilet flushing

¹Only report Maximum Day if it is actually measured or determined from production records. It should not be the average day demand during the maximum month of production.

²Do not include raw water purchased; report only volume of water that was treated.

³(F) Total Amount of Potable Water = Sum of Columns (C), (D) and (E), automatically calculated. To update, click below

To update totals click here

⁴This is the percentage of the total annual volume for Groundwater produced that was provided treatment to meet drinking water standards other than precautionary disinfection.

⁵If water was <u>Purchased</u> from or <u>Sold</u> to another PWS, complete the table below:

Specify whether water was Purchased or Sold	Name of PWS

If recycled water was *supplied* to *your customers*, complete the table below:

Specify the level of treatment (e.g., tertiary, disinfected secondary)	Name of Recycled Water supplier

COMMENTS: 2

6a. WATER RATES

Indicate the type of water rate structure 2 used by your water system:	Pick one	•
What is your billing frequency ⑦Pick one ▼		

Complete the table below providing specific water rates applied to your customers:

Connection Type	FLAT BASE RATE	UNIFORM USAGE RATE		LE BASE ovide range)	VARIABLE USAGE RATE (provide range)			
•	\$ (Base)	\$ per hcf 🕡	\$ Low	\$ High	\$ per hcf Low	\$ per hcf High		
RESIDENTIAL ?								
Single-family Residential								
Multi-family Residential								
Do you provide lifeline/low income subsidies?			Pick one ▼					
If Yes, provide rates:								
NON-RESIDENTIAL ②								
Commercial/Institutional								
Industrial								
Landscape Irrigation								
Agricultural Irrigation								
Other								
Do you have fire suppression surcharges?		Pick one ▼						
If Yes, provide rates:								
Do you have other surchar								
If Yes, provide rates:								

AVERAGE MONTHLY RESIDENTIAL WATER COST: \$/mo.

This value can be calculated by dividing your total annual revenues from residential customers by 12 and then dividing a second time by the number of residential service connections. If you are unable to differentiate revenues by type of customer {residential, industrial, agricultural}; then take your total annual revenues from all water rate payments and divide by 12 and then divide by your total number of service connections.

NOTE: If this is not a "Community" Water System; enter N/A. If individual customers do not pay a separate bill for water enter "0".

6b. WATER DELIVERIES

Units of Measure for this table: --Pick one-- ▼

Provide monthly metered water deliveries in the table below.

A	В	С	D	E	F	G	Н	I	J
	Single- family Residential	Multi- family Residential	Commercial/ Institutional	Industrial	Landscape Irrigation	Other	Total Urban Retail ^{1*}	Agricultural	Other PWS
Check if Recycled Water is included:									
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
Total*									

PWS = Public Water System

*Calculated field

 ${}^{l}Total\ Urban\ Retail = Sum\ of\ Columns\ (B)\ thru\ (G), automatically\ calculated.\ To\ update,\ click\ below$

To update totals click here	
COMMENTS: 7	

7. WATER QUALITY

ANNUAL NITRATE SAMPLING

Regulations require a minimum of **annual** sampling for nitrate. If any nitrate result is >= 1/2 the MCL of 45 mg/l (i.e., a result of >= 23 mg/l nitrate) then quarterly monitoring must be initiated.

Did your system conduct monitoring for nitrate during 2014 from each source?	Pick one ▼	
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NOTE: If there were any sources that were not monitored because they were offline during 2014,

you must contact your local regulatory agency to avoid an enforcement action for failure to monitor.

BACTERIOLOGICAL SAMPLE SITING PLAN

The coliform monitoring regulations require that an updated sample-siting plan be submitted at least every 1	0 years,
and at any time the plan no longer ensures representative monitoring of the system (Section 64422 of Title 2	2).

Date of current bacteriological sample siting plan:	
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DIRECT ADDITIVES

Pursuant to Section 64590, Title 22 of the California Code of Regulations, (effective January 1, 1994), all chemicals or products, including chlorine, added directly to the drinking water as part of a treatment process must meet the ANSI/NSF Standard 60. Please complete the following table for each chemical used by this water system. If you are not sure whether a chemical you are using meets this standard, contact the manufacturer or distributor of the chemical.

Name of Chemical	Name of Manufacturer Purpose of using chemic		Chemical is ANSI/NSF Standard 60 certified (Y/N)	Use initiated in 2014 (Y/N)

INDIRECT ADDITIVES

As of March 9, 2008, a water system shall not use any chemical, material, lubricant, or product in the production, treatment or distribution of drinking water that comes in contact with the drinking water that does not have certification of meeting NSF/ANSI standard 61.

Does your water system have procedures to ensure all future equipment and materials meet this standard?	Pick one ▼
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If you have any questions on the requirements related to indirect additives, you may contact your local regulatory agency.

I	COMMENTS: 2	
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8. CROSS-CONNECTION CONTROL 2

	Total Number in System	Number Installed in 2014	Number Tested in 2014	Number Failed in 2014	Number Repaired/ Replaced
Backflow Assemblies ① on the Service Connections or Meter					
Backflow Assemblies On- site but not on the Service Connections or Meter 2					
Air-gap Separation ②					

No. of <i>Inactive</i> Backflow Prevention Assemblies in water system in 2014 ①:						
Date of last cross-connection control survey done on the system:						
Cross Connection Control Program Coordinator						
Name:						
Certification Number:						
Business Phone: Email Address:						

Certi	fication or tr	raining received	1:				
Describe	any cross-co	onnection incid	ents 🕜 that o	occurred during 201	4:		
							1
COMN	IENTS: ②						
9. CON	SUMER C	ONFIDENC	E REPOR	Γ 🕜 (does not app	oly to Transient Noncommunity wat	er systems)	
AGENC	Y BY JULY	7 1, 2015. IN A	DDITION,	PUBLIC WATER	MERS AND A COPY SUBMITTED SYSTEMS THAT ARE ALSO REC THEIR CCR TO THE PUC BY JUL	GULATED BY T	
CCR HA	AS BEEN D	ISTRIBUTED		TO YOUR LOCAL	L REGULATORY AGENCY BY OO RECT.	CTOBER 1, 2015	5, STATING THAT THE 2014
				ication form can be r/certlic/drinkingwa	obtained from the Division of Drinkin ater/CCR.shtml	g Water web site	_
Indicate	the date yo	ur 2014 CCR v	vas distribute	d or will be distribu	ited to your customers:	mm/dd/yyyy	
PUBLIC	WATER S	YSTEMS TH	AT SERVE	100,000 OR MOR	E PERSONS ARE REQUIRED TO	POST THEIR C	CCR ON THE INTERNET.
If your	water system	n serves 100,00	0 or more pe	rsons, indicate the	date the CCR was or will be posted to	the Internet:]
If applica	ıble, please j	provide the UR	L link to the	CCR posted on the	Internet:		
COMN	MENTS: 1]
10 ODI	ED A TOD	CERTIFICA	TION				
A. Please	e list the Stat	e certified Wat	er <u>Treatmen</u>		employed by your water system that so	upervise and direc	ct the operation
•		ent plants, begin ent System Cla	•	e chief operator(s) (<u>v</u> .		
	Grade of	Chief or	Operator]		
Name	Operator	Shift ¹ (C/S)	Number	Expiration Date			

B. Please list the State certified Water <u>Distribution</u> Operators employed by your water system that supervise and direct the operation of your distribution systems, beginning with the chief operator(s) ②.

Your Distribution System Classification is:

Name	Grade of Operator	Chief or Shift ¹ (C/S)	Operator Number	Expiration Date

 ^{1}Use "C" for Chief Operator and "S" for Shift Operator. If neither, leave blank.

Do your Chief and Shift Treatment Plant Operators have the minimum level required? --Pick one-

¹Use "C" for Chief Operator and "S" for Shift Operator. If neither, leave blank.

Do your Chief and Shift Distribution System Operators have the minimum level required? --Pick one--

COMMENTS:	
COMMENTS	

11. WATER SYSTEM IMPROVEMENTS

The California Waterworks Standards (Section 64556) require an amended permit for any of the following improvements or modifications:

- Addition of a new distribution reservoir with a capacity of 100,000 gallons or more
- Modification or extension of the existing distribution system using an alternative to the requirements of the California Waterworks Standards (see Sections 64570 through 64578)
- Modification of the water supply by:
 - o Adding a new source
 - o Changing the status of an existing source (for example, active to standby) or
 - o Changing or altering a source, such that the quality or quantity of water supply could be affected
- · Any addition or change in treatment, including
 - Design capacity
 - Process
- Expansion of the existing service area by 20 percent or more of the number of service connections specified in your current permit.

If your water system made any improvements or modifications during 2014 for which a permit was not obtained, please describe the improvements or modifications below.

Indicate any planned improvements or modifications for 2015.

COMMENTS:	(?)
COMMITTED 15.	

12. COMPLAINTS REPORTED (WRITTEN OR VERBAL)

Type of Complaint	No. of Complaints Reported by Customers	No. of Complaints Investigated	No. of Complaints reported to the Division of Drinking Water or Local County Staff	Brief Description of Cause and Corrective Action taken
Taste and Odor				
Color				
Turbidity				
Visible Organisms				
Pressure (High or Low)				
Water Outages ¹				
Illnesses (Waterborne)				

Other (Specify)					
Total No. of Complaints*					
These are customer complaints Section of the EARDWP. *Calculated field To update totals click here	of a water outage a	and not necessarily	the same as the water o	utages reported under "System	Problems" in the Distribution
COMMENTS: 3					

13. RECYCLED WATER USE®

Recycled Water (RW) Use Sites	Total No. of Approved Sites as of Dec. 31, 2014	No. of New Sites Approved in 2014	No. of Sites Proposed for 2015
Irrigation, Agriculture			
Irrigation, Landscape			
Industrial			
Dual-plumbed (In-building)			
Dual-plumbed (Single-family lot)			
Cooling Towers			
Other			
Total*			
To update totals click here		L	1

Name of the recycled water coordinator: Business Phone: Email address: How many inspections of recycled water use sites were conducted in 2014? How many pressure/shutdown tests were performed in 2014? Do all of your recycled water uses sites have an on-site supervisor? --Pick one-- ▼ How many recycled water uses sites do not have an on-site supervisor?

COMMENTS: ①		

14. SYSTEM OPERATION - TREATMENT

A. GROUNDWATER TREATMENT (respond only if groundwater treatment is provided)

Groundwater Treatment Plant Name	Treatment Plant Classification	Capacity (MGD)	Type of Treatment	Date of Operations Plan	Is Operations Plan Current? (Y/N)

Describe any plant problems, process failures, major shutdowns, etc., which occurred in 2014 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

B. SURFACE WATER TREATMENT (respond only if surface water treatment is provided)

Surface water Treatment Plant Name	Treatment Plant Classification	Capacity (MGD)	Type of Treatment	Date of Operations Plan	Is Operations Plan Current? (Y/N)

Describe any plant problems, process failures, major shutdowns, etc., which occurred in 2014 and substantially affected the plant performance AND/OR any significant modifications or maintenance provided to the plant(s):

TD = Treatment or Distribution operator at any level

NR, N/A, NA = There are no facilities subject to the Certified Treatment Plant Operator requirements

Date of current Emergency Disinfection Plan (EDP)*:	
*As required under Section $64660(c)(2)$. The EDP may be included in your water system's Emergency Response Pla Operations Plan. If so, provide the Name and Date of those plans below:.	ın or
Name of Document that includes the Emergency Disinfection Plan:	
Date of document that includes the Emergency Disinfection Plan:	
Date of last watershed sanitary survey report ②:	
Date planned to complete next watershed sanitary survey report*:	
*As required under Section 64665, each watershed sanitary survey shall be updated at least every 5 years.	

COMMENTS: 1		
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15. SYSTEM OPERATION - DISTRIBUTION

A. DEAD-END FLUSHING PROGRAM

Total No.	No. with	No. Flushed	Frequency of
in System	Blowoffs	in 2014	Flushing

B. VALVE EXERCISE PROGRAM

Size Range of Valves	Total No. in System	No. Exercised in 2014	Frequency of Valve Exercising

C. STORAGE TANK/RESERVOIR INSPECTION/CLEANING PROGRAM

(Do not include pressure tanks)

Tank name	Capacity (in million gallons, MG)	Year installed	Date of last inspection ②	Date of last cleaning	Date re-lined or coated

D. SYSTEM PROBLEMS

Type of Problem	No. of Problems	No. of Problems Investigated	No. of Problems Reported to the Division of Drinking Water or Local County Staff	Brief Description of Cause and Corrective Action Taken
Service Connection Breaks/ Leaks				
Main Breaks/Leaks				
Water Outages 2				
Boil Water Orders				
Total*				
To update totals clic	k here			

COMMENTS: (2)	
COMMENTS:	

16. EMERGENCY PREPAREDNESS AND RESPONSE

A. EMERGENCY RESPONSE PLANS

PUBLIC WATER SYSTEMS WITH AT LEAST 3,300 OR MORE PERSONS ARE REQUIRED TO REVIEW AND REVISE THEIR EMERGENCY

RESPONSE PLAN TO ENSURE THAT THE PLANS ARE SUFFICIENT TO ADDRESS POSSIBLE DISASTER SCENARIOS
--

Do you have an Emergency Response Plan (ERP) that addresses the procedures for the restoration of water service for your water system?	Pick one ▼
Date of your current Emergency Response Plan:	
Date ERP was last exercised with a tabletop or other activity:	

B. AUXILIARY POWER SUPPLY

Does your water system have backup power for:	
1. Sources:	Pick one ▼
2. Pumping Stations:	Pick one ▼
3. Water Treatment Plants:	Pick one ▼
If your system has backup power, how many times per year is it exercised?	
Can your system maintain system pressure either by backup power or by storage during power outages of 2 hours or less?	Pick one ▼
Is your backup power system automatic or manual start?:	Pick one ▼

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COMMENTS: 7		
COMMENTE		

17. WATER CONSERVATION AND DROUGHT PREPAREDNESS

Date of your revised Drought Preparedness Plan, if any:	
If you experienced water shortages in 2014, please estimate the amount of shortfall in millions of gallons:	
Did drought conditions cause you to activate emergency standby wells in 2014?	Pick one ▼
Do you project water shortages in the current calendar year?	Pick one ▼
Did you implement NEW water conservation measures in 2014?	Pick one ▼
If you implemented NEW water conservation measures in 2014, please estimate how much millions of gallons (relative to 2013): (MG) % reduction in demand	h water was conserved in
Do you anticipate having to go to mandatory rationing in the upcoming year?	Pick one ▼
Are your water sources metered?	Pick one ▼
Do you routinely monitor the <i>static</i> water levels in your wells?	Pick one ▼
Do you routinely monitor the <i>pumping</i> water levels in your wells?	Pick one ▼
Are these levels recovering, declining or steady?:	Pick one ▼

Please list any other long term actions you are considering or planning:

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CO	M	м	ΕN	TS:	8

Disclosure: Be advised that Section 116725 and 116730 of the California Health and Safety Code states that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violations for each day that the violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in county jail not to exceed one year, or both the fine and imprisonment.